

WIC VENDOR SALES INFORMATION

See the instructions on the back of this form.

Store Name: _____ Vendor #: _____

Store Address: _____

City: _____ State: _____ Zip Code: _____

- **If the store has been in business for less than one (1) month**, estimate sales amount and specify time period.
- **If the store has been in business for more than one (1) month but less than one (1) year**, provide actual sales amount and specify time period, and *attach Kentucky Sales and Use Tax forms*.
- **If the store has been in business for more than one (1) year**, provide actual sales figures from October 1, 2014, through September 30, 2015, and *attach Kentucky Sales and Use Tax forms*.

Non-taxable Food Sales: \$ _____
(Pharmacies: This number should include your WIC formula sales)

Gross Sales: \$ _____

From: _____ **To:** _____
MONTH/YEAR MONTH/YEAR

ATTACH PROOF OF REPORTED SALES FIGURES

(KENTUCKY SALES AND USE TAX FORMS 51A102 OR 51A103)

To the best of my knowledge, the above information is correct. I understand this information is for the use of the WIC program.

Print name of authorized person supplying information

Date

Signature of authorized person supplying information

Title

INSTRUCTIONS FOR COMPLETING THE WIC VENDOR SALES INFORMATION FORM

- A. This form serves to document whether a contracted vendor or vendor applicant meets the criteria for non-taxable food sales and the primary business is a retail grocer or drug store.
- B. Instructions for completing the form:
1. Store name - enter store name.
 2. WIC vendor number - enter the authorized WIC vendor number as it appears on your vendor stamp. If an applying vendor, leave the area blank.
 3. Address of the store.
 4. Food sales - supply amount of all non-taxable food sales, including WIC formula sales, for the time period beginning October 1, 2014, and ending September 30, 2015. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
 5. Gross sales - supply amount of total sales for store for the time period beginning October 1, 2014, and ending September 30, 2015. Gross sales include both the taxable and non-taxable sales done by the store, including gas, pharmacy, bait, deli, video rental, etc. However, sales from lottery, money orders, any service offered as commission services (e.g., ticket master), or fishing/hunting licenses are not to be reported as gross sales. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
 6. From/To – Provide the beginning and ending dates of the month and year of the reported sales.
 7. Attach supporting documentation - vendors are required to provide copies of supporting documentation showing gross sales and total non-taxable food sales, per federal guidelines. The acceptable proof is the Kentucky Sales and Use Tax forms for the reported period.
 8. Name of authorized person supplying information - self-explanatory.
 9. Date - month, day, and year the form is completed.
 10. Signature - signature of authorized person supplying information.
 11. Title - title of person supplying information.
 12. **Please ensure all supporting documentation is included and legible, and mail to:**

**WIC PROGRAM
ATTN: MELISSA RICHARD
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET, HS2W-D
FRANKFORT, KY 40621**